



Atlantic Accounting Solutions Ltd

181 Westmoreland St Suite 102 Fredericton NB E3B 3L6 (506) 442 8343

BOOKKEEPING CLIENT INTAKE FORM

Thank you for choosing Atlantic Accounting Solutions Ltd to assist you with your bookkeeping needs. Please print this form and fill it out, then email it back to us at:info@atlanticaccounting.ca. This information will be kept confidential. If you have any questions, please contact us. Thank you.

SECTION 1: General Information

Business Name

Primary Product or Service

Type of Registration:

- Sole Proprietor
- Partnership
- Corporation
- Other: _____

Business Website (if applicable)

Contact Name

Position

Email Address

Phone Number

Preferred Contact Method: Email Phone

Which bookkeeping services are you interested in? (select all that apply)

- Full-Cycle Bookkeeping
- WCB Reporting
- GST Reporting
- Payroll
- PST Reporting

SECTION 2: Tell us about your business

Fiscal Year Begins (Date):		Do you have current financial statements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you behind on any business taxes/remittances? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:	
Are you currently using computerized accounting software? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which one? (e.g. Sage, QuickBooks, etc.)	
Do you Pay WCB? <input type="checkbox"/> Yes <input type="checkbox"/> No		WCB Payment Frequency (e.g. monthly, quarterly, annually)	



Do you collect GST/HST? <input type="checkbox"/> Yes <input type="checkbox"/> No	GST/HST Remittance Frequency (e.g. monthly, quarterly, annually)
Do you collect PST for other provinces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which provinces?

SECTION 3: Employees

Do you have employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?	Do you use an outside service? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you do not use an outside service, do you want us to process your payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 4: Inventory

Do you have inventory? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you want to track in bookkeeping? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many items (approximately)?
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